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Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

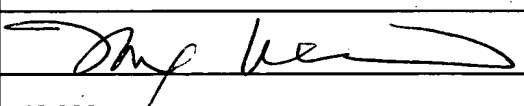
In re Application of:	
Alexander C. LANG	
Application No.	09/642,671
Filed:	August 22, 2000
Title:	SYSTEM AND METHOD FOR ESTABLISHING LONG DISTANCE CALL CONNECTIONS USING A DESKTOP APPLICATION
Attorney Docket No.	9-14798-2US
Art Unit:	2661

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
THOMAS KAYDEN HORSTEMEYER & RISLEY Suite 1705, 100 Galleria Parkway, N.W. Atlanta, Georgia, 30339 U.S.A. Tel: 770-933-9500 Fax: 770-951-0933	24504

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	Max R. WOOD		
Signature		Date	21 December 2004
Registration Number	40,388	Telephone	613-780-8681

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CERTIFIED MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as "First Class Mail," in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 25, 2005.

Signature

